

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/523725

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1,2					53						
4		1,2					54						
5		1,2					55						
6		1,2					56						
7		1,2					57						
8	1						58						
9	1						59						
10	1,2						60						
11	1,2						61						
12	1,2						62						
13	1,2						63						
14	1,2						64						
15	1						65						
16	1,2						66						
17	1,2						67						
18	1,2						68						
19	1						69						
20	1						70						
21	1						71						
22							72						
23							73						
24							74						
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26							76						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		↓		↓								
TOTAL DEP.	17		←		←								
TOTAL CLAIMS	21												